



10 784 482

11 721 474 B2
Linda A. Baumler
Personal Representative for the
Estate of Frederick S. Billig
12310 Hungerford Manor Ct.
Monrovia, MD 21770
301-831-6097

SB -

January 18, 2008

U.S. Patent and Trademark Office
Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

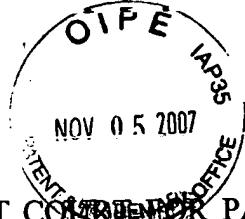
Ref: Frederick S. Billig Patent Number 7,216,474 B2

Due to the death of Frederick S. Billig, please direct all future correspondence to me at the above address. Attached are Letters of Administration and a Death Certificate.

Sincerely,

A handwritten signature in cursive ink that reads "Linda A. Baumler".

Linda A. Baumler



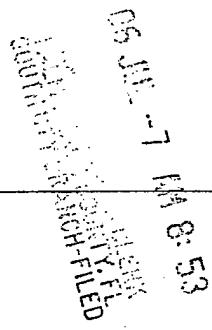
IN THE CIRCUIT COURT OF PALM BEACH COUNTY,
FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

FREDERICK S. BILLIG,
Deceased.

File No. 502006CPO03372X 1118B
Division IY



LETTERS OF ADMINISTRATION
(multiple personal representatives)

TO ALL WHOM IT MAY CONCERN:

WHEREAS, FREDERICK S. BILLIG, a resident of Palm Beach County, Florida, died on June 1, 2006, owning assets in the State of Florida, and

WHEREAS, LINDA A. BAUMLER and FREDERICK T. BILLIG have been appointed Personal Representatives of the estate of the decedent and have performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare LINDA A. BAUMLER and FREDERICK T. BILLIG duly qualified under the laws of the State of Florida to act as Personal Representatives of the estate of FREDERICK S. BILLIG, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

Ordered on July 07, 2006.

G L Vony

GARY L. VONHOF
Circuit Judge



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy as recorded in my office and the same is in full force and effect.

THIS 1 DAY OF July, 2006

SHARON R. BOCK

CLERK & COMPTROLLER

By

DEPUTY CLERK

Deborah L. Bock

VALID ONLY
WITH
IMPRINTED
SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A
RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

DATE ISSUED:
JUN 28 2006

STATE REGISTRAR OF VITAL RECORDS

Please Type or Print In Black Indelible Ink. Ensure All Copies Are Legible.

Amend Items: 10a, b, c, f, g, i, Inf. G-856 6/28/06, 1b

1 - For State Registrar Amend item: 26 per M.D 6/28/06, 1b Certificate of Death 2006 17354

Reg. No.

Physician /Medical Examiner	1. Decedent's Name (First, Middle, Last)				2. Date of Death			3. Time of Death					
	Frederick Stucky Billig				Month	Day	Year	3:10 AM					
Funeral Director	4a. Facility Name (If not institution, give street and number)				4b. City, Town, or Location of Death			4c. County of Death					
	15020 Rolling Hills Drive				Glenwood			Howard					
To Be Completed by Funeral Director	5. Social Security Number		6. Sex	7. Age (In yrs. last birthday)	8. Date of Birth (Month, Day, Year)			9. Birthplace (State or Foreign Country)					
	577-44-4647		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	73 Yrs.	Months	Days	Hours	Min.	Feb. 28, 1933	Pennsylvania			
	Usual Residence of Decedent		10a. State		10b. County		10c. City, Town or Location			10d. Inside City Limits			
	Florida		Maryland		Howard		Glenwood			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	10e. Street and Number		904 Mainsail Circle		10f. Zip Code		Jupiter			10g. Citizen of What Country?			
	15020 Rolling Hills Drive		54		21738		33477			USA			
	11. Marital Status		12. Was Decedent Ever in U.S. Armed Forces?		13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)			14. Race - American Indian, Black, White, etc.					
	<input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Give Year or Dates:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify:			Specify: White					
	15. Decedent's Education (Specify only highest grade completed)		16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)			16b. Kind of Business/Industry							
	Elementary/Secondary (0-12)		College (1-4 or 5+)			Aerospace Engineer			Engineering Firm				
17. Father's Name (First, Middle, Last)					18. Mother's Name (First, Middle, Maiden Surname)								
Thomas Clifford Billig					Melba Helen Stucky								
19a. Informant's Name/Relationship (Type, Print)					19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
Linda Baumler/daughter					12310 Hungerford Manor Ct. Monrovia, MD 21770								
20a. Method of Disposition					20b. Place of Disposition (Name of cemetery, crematory or other place)			Date		20c. Location - City or Town, State			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)					Chesapeake Crematory			06/02/06		Beltsville, Maryland			
21. Signature of Funeral Service Licensee					22. Name and Address of Facility								
<i>Beverly L. Heckrotte</i>					Going Home Cremation Service P.O. Box 784 Beverly L. Heckrotte, P.A. Clarksville, MD 21029								
23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					23b. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					23c. Interval Between Onset and Death			
Immediate Cause (Final disease or condition resulting in death)					Metastatic Esophageal Carcinoma					18 months			
Due to (or as a consequence of):													
b. Due to (or as a consequence of):													
c. Due to (or as a consequence of):													
d. Due to (or as a consequence of):													
IF FEMALE:					23c. If yes, outcome of pregnancy					23d. Date of delivery			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 9 <input type="checkbox"/> Unknown					<input type="checkbox"/> Live birth <input type="checkbox"/> Fetal death <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Other (Specify)					Month Day Year			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					23e. Did tobacco use contribute to the cause of death?								
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown								
25. Was case referred to medical examiner?					26. Place of Death (Check only one)					23f. Location (Street and Number or Rural Route Number, City or Town, State)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)								
27. Manner of Death					28a. Date of Injury (Month, Day Year)			28b. Time of Injury		28c. Injury at Work?		28d. Describe how injury occurred	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide					M			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
29a. Certifier (Check only one)					28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)					28f. Location (Street and Number or Rural Route Number, City or Town, State)			
<input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
<input type="checkbox"/> Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.													
29b. Signature and title of Certifier					29c. License number					29d. Date signed (Month, Day, Year)			
<i>Thomas E. Dooley, M.D.</i>					D16458					June 1, 2006			
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)													
Thomas E. Dooley, M.D. 17904 Georgia Ave. #304 Olney, MD 20832													
31. Date filed (Month, Day, Year)					32. Registrar's Signature								
JUN 02 2006					<i>Thomas E. Dooley</i>								